14072

STATE OF MARYLAND
CERTIFICATE OF DEATH

(926)

Registration Dist. No. 4

1 PLACE OF DEATH

County Allegany

WITHIN CORPORATE LIMITS

Village Cumberland (No. 27 Prospect Sq. 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna F Stubblefield

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Oct (Month) 8 (Day) 1849 (Year)

7 AGE 80 yrs. — mos. — da. IF LESS than 1 day ___ hrs. or ___ min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (state or country) W. Va

PARENTS

10 NAME OF FATHER James S Whiting

11 BIRTHPLACE OF FATHER (State or country) Va.

12 MAIDEN NAME OF MOTHER Susan V. Inskeep

13 BIRTHPLACE OF MOTHER (State or Country) Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F Brooke Whiting

(Address) Cumberland Md

15 Filed Oct. 9 1929 Harvey H. Weiss Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 8 (Month) (Day), 1929 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 1 1929 to Oct 8, 1929 that I last saw her alive on Oct 7, 1929 and that death occurred on the date stated above, at 7 A. m.

The CAUSE OF DEATH * was as follows:

Arterio Sclerosis

(Duration) 1 yrs. 0 mos. 0 da.

Contributory Secondary Senility

(Duration) yrs. mos. da.

(Signed) J Walter R Forsyth M.D.

Oct 8 1929 (Address) Cumberland Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Rose Hill Cem

DATE OF BURIAL Oct 10, 1929

20 UNDERTAKER Louis Stein Inc

ADDRESS Cumberland

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Feb. 15, 1989

Dear Evelyn,

I received this lately and thought of you and Robert right away since you had been so kind to drive us up to the Rose Hill Cemetery. you may keep. As you can see Anna's mother was Susan V. Inskeep. Susan in turn was the daughter of Isaac Inskeep. Isaac was a brother (the youngest) to the James Inskeep 1765-1848 that lived in the edge of Keyser and supposedly also buried in Rose Hill Cemetery.

Any-how you can see that white people were still being buried there as late as 1929.

I hope this finds you both well. we have all had the flu here, but O.K. now.

If you ever see any thing pertaining to the Inskeep family send it and I'll pay postage.

Sincerely,

Wendell F. Inskeep